Delbert Hosemann SECRETARY OF STATE

Sandidate

REPORT OF RECEIPTS AND DISBURSEMENTS

ZUTO Annuar Kept	OT IAN 2 4 2017
Name of Candidate Russell Tolly OF MISS	Secretary of State
Address 369 Huy 47 Houston County	Chrkaspus Capitol Office
Telephone 662 - 542 - 670 / Fax	
Office Sought Jenate, DISTRICT 8 Email A	ddress Y Jolly a senate, m.s. gov
Check here if above is different from previous report	,
January 31, 2017 Annual Report (January 1, 2016 through December 31,	, 2016)Mandatory
	All candidates, excluding judicial candidates on the November 2016 General Election ballot.
Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand be	Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

	REPORTED CONTRIBUT	TONS AND DISBURSEMENTS	
	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2,258.0\$\$	\$ 7,258.80	\$ 1250.80
Total amount of disbursements	\$350.00 +\$ 856,30	\$ 1,206.30	\$ 1,266.30
Total amount of cash on hand		\$ 26.841.28	
I certify that I have examin Signature of Candida	ted this report and to the best of m	y knowledge and belief it is tr Date	ue, accurate, and complete.
Authority: Pofor to Mics Code Ann St	22 15 001 (1072) of one for otatutary room	ikomenta	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

	1		ì
Page	\bot	of_	1

Name of Candidate or Committee	Kussell	Jolly	_
Reporting period <u>Jan 1, 20</u>	16	through <u>Dee</u>	31,2016

ITEMIZED DISBURSEMENTS

A. Full name		
Lee Co. 4th District Communit Projects IM	Date flo., Day, Year)	Amount of each disbursement this period
Mailing Address 292 CR 154	4/22/16	\$ 350.00
City, State, Zip Code		
Shannon MS 38868 Purpose of Disbursement (Optional)	_/_/_	\$
disports to community appropriate	Aggregate Year-to-date	\$ 350.00
B. Full name	Date	Amount of each
Mailing Address (M	lo., Day, Year)	disbursement this period
	//	s
City, State, Zip Code		
	_//	\$
	Aggregate Year-to-date	\$
C. Full name	Date	Amount of air t
Mailing Address (Me	lo., Day, Year)	Amount of each disbursement this period
	_//	\$
City, State, Zip Code	_//	\$
	Aggregate	\$
D. Full name	ear-to-date	
Mailing Address (Mo	Date o., Day, Year)	Amount of each disbursement this period
maning Address	_//	\$
City, State, ZIp Code		
	_//	\$
i y	Aggregate 'ear-to-date	\$
E. Full name	Date	Amount of each
Mailing Address (Mo	o., Day, Year)	disbursement this period
City, State, Zip Code	_//	\$
Orty, State, Lip Code	_//	\$
Purpose of Disbursement (Optional)	Aggragets	
Ye	Aggregate ear-to-date	\$
F. Full name (Mo.	Date J., Day, Year)	Amount of each disbursement this period
Mailing Address	_//_	\$
City, State, Zip Code	, ,	\$
Purpose of Disbursement (Optional)		Ψ .
A	aggregate ear-to-date	\$

Page	П	of	2	-
I HEC		O.L	, 4	

Name of Candidate or Committee	Russell	Jolly		
Reporting period Jan 1, 20	16 th	rough D	ec .	
İT		IN D	ECEL	DTO

A. Source: X Corporation PAC Individual Loan	 	Amount of each
Other (please specify)	Date (Mo., Day, Year)	
BNS F Railway Malling Address	17/20/16	\$ [250,00]
2500 Lou Menk Dr ADB-3 (P.O. Box 961039 City, State, Zip Code		\$
Fort Worth, Texas 76161-0039 Name of Employer (Regulard)		\$
Occupation (Required)		\$
	Aggregate year-to-date	\$ 250,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MS Power Co. State PAC	9/2/16	\$ 356.60
Mailing Address 2992 W Beach Blvd		\$
City, State, Zip Code Culfport, MS 39502		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 350,00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Electric Power Assn of MS State Pac Malling Address	12/11/16	\$ 500,00
P. D. Go x 3300 City, State, Zip Code		\$
Ridgeland, MS 39158 Name of Employer (Regulard)		\$
Occupation (Required)		\$
	Aggregate year–to-date	\$ 500.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nansanto	8/18/16	\$ 250,00
Mailing Address 800 N Lind becah		\$
St Lours, Mo 63167		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250,00

Name of Candidate	e or Comm	ittee R	ussell	Jolly	<u> </u>			
Reporting period	Jan 1,	2016		through	Dee	31,7	2016	
		TE	MIZ	ED	RE	C'E		TS

proof _		
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ENPAC Mississippe	11/10/11	\$ 350.00
P.O. Box 1640		\$ [
City, State, Zip Code Jackson, MS 39315-1640		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 350, 0
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Tear)	this period
ATT MS PAC	10/10/16	\$ 350.00
III E Capital St. Suite 6030		\$
City, State, Zip Code Jackson MS 39201		\$
Name of Employer (Required)		\$
Occupation (Regulred)	Aggregate	\$ 350.00
	* VEAL-10-11910	, ,
C. Source Corporation X PAC Individual Loan	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Boker Danelsm	Date	Amount of each receipt
Other (please specify) Full name Boker Donelsm Mailing Address One Eastover Center - In Vision Dr. Suite 400	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Boker Donelsm Malling Address One Eastover Center-Iw Vision Dr. Swite 400 City, State, Zip Code Jackson, MS 39011	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Boker Donelsm Mailing Address One Eastover Center-Iw Vision Dr. Juite 400 City, State, Zip Code Jackson, MS 39011 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\partial \text{200, W} \]
Other (please specify) Full name Boker Donelsm Mailing Address One Eastover Center - Iw Vision Dr. Swite 400 City, State, Zip Code Jackson, MS 39011 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \text{200, W} \text{\$}
Other (please specify) Full name Boker Donelsm Mailing Address One Eastoner Center - Iw Vision Dr. Juite 400 City, State, Zip Code Jacksm. MS 39211 Name of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify)	Date (Mo., Day, Year) 12 / 11 / 16 1 / / / / Aggregate	Amount of each receipt this period \$ \[\alpha \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify) Full name Boker Donelsm Mailing Address One Eastoner Center - Iw Vision Dr. Juite 400 City, State, Zip Code Jacksm. MS 39211 Name of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify)	Date (Mo., Day, Year) 12 / 11 / 16 1 / / / Aggregate year-to-date Date	Amount of each receipt this period \$ \[\lambda \oldsymbol{0} \oldsymbol{\omega} \oldsymbol{\omega} \] \$ \[\lambda \oldsymbol{0} \oldsymbol{\omega} \oldsymbol{\omega} \] \$ \[\lambda \oldsymbol{\omega} \oldsymbol{\omega} \oldsymbol{\omega} \] Amount of each receipt this period
Other (please specify) Full name Boker Donelon Mailing Address One Eastover Center - In Vision Dr. Juite 400 City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Occupation (Required) Other (please specify) Full name	Date (Mo., Day, Year) 12 / 11 / 16 1 / / / Aggregate year-to-date Date	Amount of each receipt this period \$ \(\alpha \text{0.0} \text{0.0} \) \$ \(\alpha \text{0.0} \text{0.0} \) Amount of each receipt this period \$ \(\alpha \text{0.0} \text{0.0} \)
Other (please specify) Full name Boker Donelon Mailing Address One Eastover Center - Iw Vision Dr. Juite 400 City, State, Zip Code Jackson, MS 39011 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) 12 / 11 / 16 1 / / / Aggregate year-to-date Date	Amount of each receipt this period \$ \(\alpha \oldsymbol{0.00} \) \$ \(\alpha \oldsymbol{0.00} \) \$ \(\alpha \oldsymbol{0.00} \) Amount of each receipt this period
Other (please specify) Full name Boker Donelon Mailing Address One Eastover Center - Iw Vision Dr. Swite 400 City, State, Zip Code Jackson, MS 39011 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) 12 / 11 / 16 1 / / / Aggregate year-to-date Date	Amount of each receipt this period \$ \(\alpha \text{0.0} \text{0.0} \) \$ \(\alpha \text{0.0} \text{0.0} \) Amount of each receipt this period \$ \(\alpha \text{0.0} \text{0.0} \)
Other (please specify) Full name Boker Donelon Mailing Address One Eastover Center - Iw Vision Dr. Juite 400 City, State, Zip Code Jackson, MS 39011 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) 12 / 11 / 16 1 / / / Aggregate year-to-date Date	Amount of each receipt this period \$ \[\alpha \oldsymbol{0} \oldsymbol{0} \oldsymbol{0} \] \$ \[\alpha \oldsymbol{0} \oldsymbol{0} \oldsymbol{0} \] Amount of each receipt this period \$ \[\] \$